

*Handwritten signature/initials*

In re Application of:

Docket No. 00862.023524.

KATSUMI OTSUKA

Application No.: 10/814,510

Examiner: J. Jeanglaude

Filed: April 1, 2004

Group Art Unit: 2819

For: VARIABLE-LENGTH DECODING APPARATUS  
AND METHOD, COMPUTER PROGRAM, AND  
COMPUTER-READABLE STORAGE MEDIUM

Date: February 14, 2005

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

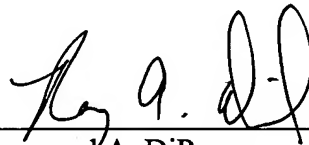
The fee has been calculated as shown below

| CLAIMS AS AMENDED                              |  |       |  |                         |                  |                   |
|--|--|-------|--|-------------------------|------------------|-------------------|
|  | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA | RATE             | ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS                                | *<br>7   | MINUS | **<br>20                                     | =<br>0                  | x \$25<br>\$50   | \$0               |
| INDEP.<br>CLAIMS                               | *<br>3   | MINUS | ***<br>3                                     | =<br>0                  | x \$100<br>\$200 | \$0               |
| Fee for Multiple Dependent claims \$180°/\$360 |  |       |  |                         |                  |                   |
| TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT---  |  |       |  |                         |                  |                   |

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the fee for a \_\_\_\_\_-month extension is enclosed.
- ☒ A check in the amount of \$180.00 to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Raymond A. DiPerna  
Attorney for Applicant  
Registration No. 44,063

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
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Form #120

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